

**Tabernacle of David Christian Academy (TDCA)
Administration of Medication (Prescription or Non) Form**



Name of Student _____ Birthdate _____

TO THE PARENT OR GUARDIAN: To protect all students and to conform with State Education Code (49423), no student may bring any medication (prescription or non prescription) to school. If your student needs medication for a few days or over an extended period of time and it must be given during school hours or on a field trip, you must have your physician complete this form.

Medication, whether prescription or non prescription, must accompany this form and be delivered by a parent or guardian to the front office in the original labeled container. Please note that this applies to non prescription drugs as well. Our office staff will not dispense over-the-counter pain medication (i.e. Tylenol or Advil), cough drops, etc. unless we are instructed by your physician in writing and this form is **signed by both the physician and the parent.**

TO THE PHYSICIAN: Please complete and sign this form:

- 1) If medication prescribed for a school-aged student must be given to prevent serious physical or behavioral problems; or
- 2) If over-the-counter medicines such as Tylenol, Advil, cough drops, etc. are requested by parents to administer to their student during school hours, it is a request and guide to authorized school personnel to assist the student with the medication.
- 3) Please check the boxes (as many as preferred) below if the named student requires these items. School personnel will administer based on prescription or package instructions and student's age/weight (quantity / frequency).

Parent & Physician Signatures REQUIRED

I request that TDCA assist my child in taking the prescribed medication as directed above and in accordance with school policy.

Parental Authorization

I authorize the school personnel to administer the medication as directed by the authorized healthcare provider. I understand that the school nurse has my permission to communicate with the prescribing licensed health care provider on the matters related to this medication.

WHEN BEING ADMINISTERED BY AN UNLICENSED SCHOOL EMPLOYEE: The prescribing California authorized licensed healthcare provider is delegating the administration of the medication ordered above to the identified unlicensed volunteer school employee who has agreed to assist student take the medication. The licensed health care provider delegating to a designated, trained unlicensed volunteer school employee will complete the delegation authorization section below.

I voluntarily agree to administer the medication as directed by the delegating authorized healthcare provider and understand that I may communicate with the authorized delegating healthcare provider on matters related to the medication. My signature below affirms that I have successfully completed training to administer the medication. I understand that I may revoke my agreement to administer the medication at any time, for any reason, and will not be penalized by my employer for such revocation.

Name & Signature of Parent/Guardian: _____ Date: _____ Cell Number: _____

Signature of Physician: _____ Date: _____

Print Name of Physician: _____ Phone: _____

School Employee Name: _____ Signature: _____ Date: _____

<input type="checkbox"/> Antacids / Stomach Medication (Alka Seltzer/ Pepto Bismol/Tums) (generic)	<input type="checkbox"/> Lip Products (chapstick, lip balm, cold sore medications)
<input type="checkbox"/> Antibiotic ointment	<input type="checkbox"/> Advil/Motrin (generic)
<input type="checkbox"/> Benadryl, Zyrtec, Claritin, Allegra (generic)	<input type="checkbox"/> Tylenol (generic)

